

# Fairfax-Falls Church CSB Compliance Committee

Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax

Room 1-308 A/B, West

July 17, 2019, 4:00 p.m.

## Meeting Agenda

Agenda Item	Facilitator
Meeting Called to Order	Bettina Lawton
Approval of June 19, 2019 Committee Meeting Notes	Bettina Lawton
Follow up items from June meeting	Daryl Washington
Updates: <ul style="list-style-type: none"><li>• ComplyTrack</li></ul>	Luann Healy
CSB Serious Incident (Level III) Report Update	Luann Healy
CSB Board Policy Review <ul style="list-style-type: none"><li>• #2300 – Corporate Compliance Review</li><li>• #2600 – Risk Management</li></ul>	CSB Board members and staff
<b><i>Closed Session: Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel, as permitted by Virginia Code Section 2.2-3711(A)(8).</i></b>	
Next Steps/Other Issues	Bettina Lawton
Adjourn	

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Fairfax-Falls Church Community Services Board  
Compliance Committee Meeting Minutes  
June 19, 2019

The Compliance Committee of the Fairfax-Falls Church Community Services Board met in regular session at the Merrifield Center, 8221 Willow Oaks Corporate Drive, Fairfax, VA.

The following Committee members were present: Suzette Kern, Board Chair; Ken Garnes; Bettina Lawton; Captain Basilio 'Sonny' Cachuela, Jr.; Sheila Coplan Jonas; Diane Tuininga; and Edward Rose

The following Committee members were absent: Gary Ambrose

The following staff were present: Daryl Washington, Bill Hanna, Luann Healy, Cindy Tianti, and Lyn Tomlinson

1. Meeting Called to Order

The meeting was called to order at 4:00 p.m.

2. Review of Meeting Minutes

Meeting minutes of the May 15, 2019 Compliance Committee were provided for review and revision. As no recommendations were forthcoming, Captain Basilio 'Sonny' Cachuela, Jr made a motion to approve the minutes as presented, which was seconded and approved.

3. Updates

*ComplyTrack*

Luann Healy distributed a timeline for the ongoing implementation of ComplyTrack reporting attendance at weekly meetings with a ComplyTrack Project Manager. Highlighting the third training meeting was June 7<sup>th</sup>, topics included training on building report templates. Ms. Healy advised that Board reports are anticipated to be available later this summer, offering a reminder that Board participation will be solicited to assist with design of the reports.

4. CSB Serious Incident (Level III) Report Update

Ms. Healy directed attention to the *CSB Board Compliance Committee Meeting Incident Definitions* handout included in the meeting materials, offering a reminder this handout has been added permanently to the meeting packet to assist with this report. Serious Incidents reported in the last month included seven deaths and two suicide attempts.

Lyn Tomlinson reported that following a serious incident/death supports are offered to family and friends including contact information for Emergency Services and notification of the assigned clinician. Follow up to serious incidents other than death also include review and revision of the individual's treatment plan as needed.

Daryl Washington further clarified that individuals surviving a suicide attempt, particularly those considered chronically suicidal, are provided an ongoing continuum of intensive supports including collaboration of a clinical triage team.

5. CSB Board Policy Review

Directing attention to the compliance related CSB Board Policies included in the meeting materials, members were asked to review and provide feedback for discussion and possible revision at the July

2019 Compliance Committee meeting. Some preliminary recommendations were put forth for consideration when reviewing the policies.

**CLOSED SESSION**

At 4:28 p.m. a motion was offered, seconded and passed to meet in closed session for consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel on a reimbursement matter, as permitted by Virginia Code Section 2.2-3711(A)(8).

At 4:51 p.m. the Board reconvened the open session at which time a motion was offered, seconded and passed, certifying to the best of the Board's knowledge that only public business matters lawfully exempted from open meeting requirements prescribed by the Virginia Freedom of Information Act and only such public business matters identified in the motion to convene a closed meeting, were heard, discussed or considered by the Community Services Board in closed session.

Immediately following, there being no further business to come before the Committee, a motion to adjourn was offered, seconded and carried. The meeting was adjourned at 4:52 p.m.

Actions Taken –

- Minutes of the May 15, 2019 Compliance Committee meeting were reviewed and approved.

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Date Approved

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Staff to the Board

**CSB Board Compliance Committee Meeting**  
**Incident Definitions**  
**July 17, 2019**

*Serious incident means any event or circumstance that causes or could cause harm to the health, safety, or well-being of an individual. The term serious incident includes death and serious injury. \**

**Level III serious incident** is a serious incident regardless if the incident occurs while in the provision of a service or on the provider's premises and results in:

- Any death of an individual;
- A sexual assault of an individual;
- A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment; or
- A suicide attempt by an individual admitted for services that results in a hospital admission.

**Level II serious incident** is a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual. The incident does not meet the definition of a Level III serious incident and includes a significant harm or threat to the health or safety of others caused by an individual. Examples include:

- A serious injury;
- An individual who is missing;
- An emergency room or urgent care facility visit when not used in lieu of a primary care physician visit;
- An unplanned psychiatric or unplanned medical hospital admission;
- Choking incidents that require direct physical intervention by another person;
- Ingestion of any hazardous material; or
- A diagnosis of A decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer; a bowel obstruction; or aspiration pneumonia.

**Level I serious incident** is a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. The incident does not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs.

*\*DBHDS Office of Licensing Guidance for Serious Incident Reporting: 12VAC35-105-20. Definitions.*  
<http://dbhds.virginia.gov/assets/QMD/licensing/draft.dbhds.seriousincidentguidance.2018.08.06.pdf>

Policy Number: 2300  
Policy Title: Corporate Compliance Program  
Date Adopted: TBD

Purpose

To provide guidance for the establishment of the Community Services Board’s Corporate Compliance Program.

Policy

It is the policy of the Community Services Board that:

1. The delivery of CSB directly operated and contracted program services will adhere to strict conformance with the highest standards of accountability for administration, clinical, business, marketing, information technology, and financial management.
2. The Board is fully committed to the need to prevent, detect, and correct fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing self-assessment, monitoring and conformance with all corporate, legal and regulatory requirements.
3. The Board is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes (a) prevention of wrong doing – whether intentional or unintentional, (b) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party and (c) timely correction of any situation which puts the Board, CSB staff, funding sources or consumers at risk.
4. The Board authorizes the Executive Director of the Community Services Board to designate a Corporate Compliance Officer, monitor the CSB’s Corporate Compliance program and provide periodic reports to the Board on matters pertaining to the program.

Approved \_\_\_\_\_

CSB Board Secretary

\_\_\_\_\_ Date

Policy Adopted: February 25, 2004  
Readopted: December 16, 2009  
Policy Readopted: November 20, 2013

Policy Number: 2600  
Policy Title: Risk Management  
Date Adopted: TBD

### Purpose

A Risk Management Program shall focus on improving individual recovery and outcomes by addressing potential areas of liability. This includes the identification, evaluation, and reduction or elimination of operational policies and procedures to ensure they have been designed in a way that promotes recovery and positive outcomes, reduces the occurrence of adverse events, and ensures program integrity.

Risk management shall monitor corporate compliance requirements for reporting to third party payers, commercial insurance companies, Virginia's Department of Behavioral Health and Developmental Services (DBHDS) licensing regulations, Medicaid and Medicare, the Commission on Accreditation of Rehabilitation Facilities, and other regulatory agencies.

A confidential organized approach for managing risks and liabilities to both individuals receiving services and the Fairfax-Falls Church Community Services Board (CSB) Service System is crucial.

### Policy

It is the policy of the Community Services Board that all individuals receive services in a safe and protected environment. The CSB's Risk Management Program is designed to maximize recovery and positive individual outcomes, minimize adverse incidents, ensuring compliance with regulatory agencies, and best practices and thereby reduce risk of potential harm to individuals and staff.

The Risk Management Program:

- Ensures CSB staff promptly report, investigate and initiate appropriate improvement plans to all adverse incidents.
- Places adverse incident trend data into a decision making framework so management decisions are data driven.
- Establishes a critical incident review system, including creating and maintaining a process to use peer review as a tool for service and practice improvement.
- Collaborates with State and County officials on risk management initiatives.
- Reviews, evaluates, and makes recommendations on safety for individuals served, and staff pursuant to Code of Virginia 8.01-581.16 (civil immunity for members of certain boards or committees) and 8.01-581.17 (privileged communications of certain committees and entities).

